

PART B - FEE(S) TRANSMITTAL

EV 698744231

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	appropriate All further corr	respondence including the P below or directed otherwise	atent, advance or	ders and notif	UBLICATION FEE (if requication of maintenance fees new correspondence address	will be mailed to the current	correspondence address as		
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must				
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09/	06/2005 LWONDIM2 0000	0131 120769 0981781	2 1		11.1	M. Sassman	(Depositor's name)		
Λ1	FC:1501 1400.00	W.	LARADELL ON	& WANN	MEMMAN	(Signature)			
02	FC:1501 1400.00 FC:1504 300.00 FC:8001 6.00	DA		PEMAN	40.	1/1/2005	(Date)		
	APPLICATION NO. FILING DATE		FIRST NAM		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	09/817,812	03/26/2001		John R. D	Ouccur	MS1-734US	7817		
	TITLE OF INVENTION: EN	· · · · · · · · · · · · · · · · · · ·	ISSUE FI	NUNLIGATION FEE TOTAL FEE ON DUE			DATE DUE		
	APPLN. TYPE	SMALL ENTITY			PUBLICATION FEE	TOTAL FEE(S) DUE	L		
	nonprovisional	NO	\$1400)	\$300	\$1700	11/23/2005		
	EXAMINER		ART UNIT		CLASS-SUBCLASS	· .			
	FIELDS, COURTNEY D		2137		713-153000	_			
	CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	n (or "Fee Address" Indication form more recent) attached. Use of a Customer		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
		ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
	PLEASE NOTE: Unless recordation as set forth in	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
	(A) NAME OF ASSIGNEE (E Microsoft Corporation			B) RESIDENCE: (CITY and STATE OR COUNTRY)					
				Redmond, Washington					
Please check the appropriate assignee category or categories (will not be printed on the patent):						roup entity Government			
	_ · • • • • • • • • • • • • • • • • • •				b. Payment of Fue(s):				
	Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.					
				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0769 (enclose an extra copy of this form).					
	5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.				b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
	The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	is requested to apply the Issu- ublication Fee (if required) words of the United States Pate	e Fee and Publica ill not be accepted nt and Trademark	tion Fee (if any d from anyone Office.	y) or to re-apply any previous other than the applicant; a reg	ly paid issue fee to the applic sistered attorney or agent; or t	ation identified above. the assignee or other party in		
	Authorized Signature Allan T. Sponseller			Date 9/1/05					
					Registration	1 No38,318			
	This collection of information an application. Confidentiality submitting the completed applies form and/or suggestions.	n is required by 37 CFR 1.31 ty is governed by 35 U.S.C. plication form to the USPTC for reducing this burden, sh	1. The information 122 and 37 CFR D. Time will vary puld be sent to the	on is required to 1.14. This coll- depending upon	o obtain or retain a benefit by ection is estimated to take 12 on the individual case. Any c ation Officer, U.S. Patent and	the public which is to file (ar minutes to complete, includi omments on the amount of t	nd by the USPTO to process) ing gathering, preparing, and ime you require to complete		

and form and of suggestions for reducing and outcome sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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4. OTHER FEE(S)

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Non-English Specification, \$130 fee (no small entity discount)
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EV698744231

PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032

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Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			Application Numb	er 09/81	09/817,812			
FEE TRANSMITTAL			Filing Date	3/26/2	3/26/2001			
Fo	or FY 20	005	First Named Inver	ntor John	R. Douceur et a	al.		
			Examiner Name	Fields	Fields, Courtney D.			
Applicant claims sma	Art Unit	2137	2137					
TOTAL AMOUNT OF PA	Attorney Docket N	lo. MS	MS1 - 734US					
METHOD OF PAYMEN	NT (check all	that apply)						
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization	n on P1O-2038.	<u> </u>					·	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES SEAF Small Entity		Small Entity	_ Sm	MINATION FEES Small Entity (\$)		Fees Paid (\$)	
Utility	300	Fee (\$) Fee (200	Fee (\$) 100	1000 7 41	<u> </u>	
Design	200	100 100		130	65			
Plant	200	100 100		160	80			
Reissue	300	150 500		600	300			
Provisional	200	100 0	0	0	0 .			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims Fee (\$) Fee (\$) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE If the specification an	FEE		aper, the applicatio	n size fee d	ue is \$250 (\$12	25 for sma	all entity)	

SUBMITTED BY							
Signature	125	Registration No. (Attorney/Agent) 38318	Telephone (509) 324-9256				
Name (Print/Type)	Allan T. Sponseller		Date 9/1/05				

Number of each additional 50 or fraction thereof

_ (round up to a whole number) x

Fee (\$)

Fee Paid (\$)

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1886.00

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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